

**Program Integrity Internal Complaint
Long Term-Personal Care Services
Compliance and Audit Team (CAT)**

NOTE: Visit was made at the request of LDH/Molina. CAT is making **no program integrity referral** following its review in this case.

SECTION 1: REPORTER INFORMATION

| | |
|---|--|
| NAME | |
| TITLE (if applicable) | |
| TELEPHONE NUMBER | |
| EMAIL ADDRESS | |
| RELATIONSHIP TO PROVIDER/RECIPIENT | |
| DATE OF INITIAL CONTACT/ASSESSMENT | |
| DATE OF FOLLOW-UP CONTACT (if applicable) | |

SECTION II: PROVIDER INFORMATION Provider Type 24 – LT-PCS/PCS/PAS (in-state only)

| | |
|--------------------|--|
| PROVIDER NAME | |
| REGION OF REFERRAL | |

SECTION III: APPLICANT/RECIPIENT INFORMATION

| | |
|------------------------|--|
| NAME | |
| SOCIAL SECURITY NUMBER | |
| MEDICAID ID NUMBER | |
| HOME/SERVICE ADDRESS | |
| TELEPHONE NUMBER | |
| EMAIL ADDRESS | |

SECTION IV: SUMMARY OF FINDINGS

| |
|--|
| <p>I, <u>ASSESSOR NAME</u>, completed a home visit on <u>MM/DD/YYYY</u> with LT-PCS applicant/recipient, Mr./Ms. FIRST LAST NAME. The following findings were made:</p> |
| <p>DESCRIPTIVE SUMMARY: Indicate observations, statements/quotes, reasons for the referral, and responses to each of the bullets listed below. Specific details, not otherwise noted above, should be described in detail here.</p> |

- TIME OF ASSESSMENT PER EVV LaSRS CHECK-IN/OUT:
- ADDRESS AT WHICH ASSESSMENT WAS CONDUCTED:
- NAME OF DSW AND WHETHER DSW WAS PRESENT:
- NAMES OF OTHERS PRESENT, INCLUDING RELATIONSHIP TO APPLICANT/RECIPIENT, IF KNOWN:
- NUMBER OF DAYS PER WEEK SERVICES PROVIDED "PER THE RECIPIENT" :
- NUMBER OF HOURS PER WEEK LT-PCS ASSISTANCE RECEIVED "PER THE RECIPIENT":
- ANY ADDITIONAL INFORMATION REGARDING THE HOME VISIT:

SECTION V: ATTACHMENTS

INSTRUCTIONS: Include additional documents, as applicable.

ATTACHMENT 1:

ATTACHMENT 2:

ATTACHMENT 3:

SECTION VI: CAT PI CONTACT INFORMATION

Owen Stricker, Program Monitor

(985) 320-4577

Owen.Stricker@la.gov

Christy Sawyer, Medical Certification Specialist Supervisor

(225) 342-6137

Christy.Sawyer@la.gov